Total Request	Start-up	Other (Specify)	Contractual	Supplies	Equipment	Travel	Fringe	Personnel			In accoramount of \$	Dear Mr. Riley:	Mr. Casey W. Riley, Director Division of HIV/STD P.O. Box 2448, Room 112 Richmond, Virginia 23218
4		<u>v</u>)							Approved Budget Year		In accordance with contract #, I am requestiof \$ Expenditures l		ley, Director STD Room 112 nia 23218
									1 st Quarter		ith contract #between the Virginia Department . J. I am requesting payment for services rendered during the time period Expenditures by approved budget line items are as follows:		
									2 nd Quarter	EXPENDITURES	between the Virginia Department of es rendered during the time periode items are as follows:		
									3 rd Quarter		Department of Health and time period		D
									4 th Quarter		andthrough		Date:
									YEAR TO DATE		lo		

, located at in the

Sincerely,_